



# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	10/717,049
Filing Date	November 18, 2003
First Named Inventor	Richard Martin
Art Unit	
Examiner Name	
Attorney Docket No.	980049.410C1

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Power of Attorney and Appointment of New Power of Attorney <input checked="" type="checkbox"/> Election and Power of Attorney and Correspondence Address Indication Form <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure ( <i>please identify below</i> ): _____ _____ _____
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Carol J. Roth Registration No. 32,783	Customer Number <b>40211</b>
Signature	<i>Carol J. Roth</i>	
Date	March 24, 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Carol Williams	
Signature	<i>Carol Williams</i>	Date: March 24, 2004

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